

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1950

State File No. 5466

BIRTH NO. _____		REG. DIST. NO. 218		PRIMARY REG. DIST. NO. 4336		Registrar's No. 0	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>		c. LENGTH OF STAY (In this place) <u>26</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>							
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>		a. (First)		b. (Middle)		c. (Last) <u>MENLEY</u>	
4. DATE OF DEATH <u>Feb. 6, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Jan. 4, 1879</u>		9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>4</u>		11. UNDER 1 MRS. Hours <u>1</u> Min. <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson Co., Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Menley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Patterson</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Menley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas H. Menley - East Prairie, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 5, 1950</u> , to <u>Feb 6, 1950</u> , that I last saw the deceased alive on <u>Feb 5, 1950</u> , and that death occurred at <u>5:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Stuffed B. Steward M.D.</u>		(Degree or title)		23b. ADDRESS <u>East Prairie Mo</u>		23c. DATE SIGNED <u>Feb 8/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dogwood</u>		24d. LOCATION (City, town, or county) (State) <u>Miss. Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/13/1950</u>		REGISTRAR'S SIGNATURE <u>Anna Harper</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Deputy J. J. Harvey</u>		ADDRESS <u>East Prairie, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 REC'D  
RECEIVED  
Miss. Co. Health De  
County File No. \_\_\_\_\_  
Date Filed FEB 17 195

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed

*James Shelby*  
72726

Licensed Embalmer No. \_\_\_\_\_

P. O. Address *East Prairie, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.